

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 59

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Womack for Congress Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Todd Young, Inc.**

Mailing Address PO Box 1053

City	State	Zip Code
Bloomington	IN	47402-1053

Purpose of Disbursement  
political contribution

011

Candidate Name

**The Hon Todd Christopher Young**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2016

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Transaction ID : BA00D9677F5A64A048D7

**B. Hudson For Congress**

Mailing Address PO Box 5053

City	State	Zip Code
Concord	NC	28027-1500

Purpose of Disbursement  
political contribution

011

Candidate Name

**The Hon Richard L Hudson Jr.**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: NC

District: 08

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Transaction ID : BE708727FC4C34413806

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....

3000.00

**TOTAL** This Period (last page this line number only).....

3000.00